Effective Responses to Offenders with Intellectual Disabilities: Generalist and Specialist Services Working Together

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Abstract

Despite advances in community living, many people with intellectual disabilities in developed Western countries continue to be institutional**ise**d in settings outside disability service provision, such as correctional facilities. This paper reports on a study of the life stories of ten people with intellectual disabilities who had been imprisoned in adult correctional facilities in Queensland. The findings from these stories represent an in-depth picture of these people's pathways into and out of prison, which included experiences of significant abuse, neglect and poverty. In terms of service policy and provision, there was significant disparity and disconnection in service approaches - particularly between the disability, mental health and correctional systems in Queensland. Findings from the research are used to suggest a framework for effective work with this group **that spans across both generic and specialist services.**

Relevant Key Words

Intellectual disability, offenders, life stories, service responses

The prison system is a difficult environment for any incarcerated person to negotiate, but for people with intellectual disabilities, prison life can be particularly

traumatising, often involving victimisation, segregation and isolation **(Ellem, 2010). Prevalence figures for prisoners with intellectual disabilities vary according to the methodology employed, with differences ranging from 2.6% to 39.6% (Holland, 1991).** Even the lowest of these prevalence figures represent significant concerns for services and government, because prisoners with intellectual disabilities have very few **personal** resources to survive inside. They may have difficulties understanding the formal and informal rules and regulations of the prison environment (Baroff et al, 2004); may be under constant threat of violence from other prisoners (including sexual assault and different forms of bullying) (Boxer et al, 2009); and fail to receive sufficient support in terms of daily living needs, including personal hygiene and self care (Glaser & Deane, 1999).

Most offenders with intellectual disability in the Australian context are people with mild and borderline levels of impairment (Dowse et al, 2009). They are likely to have experienced many challenges in their lives, including housing stress and homelessness (Oakes & Davies, 2008); unemployment and poverty (Emerson, 2008); mental illness and drug abuse (Dickson et al, 2005); and exploitation and victimisation (Bruhn, 2004). Subsequently, they can traverse a difficult path through many generic service systems, often entering, exiting and returning to the same service providers with few positive results (Dowse et al, 2009).

The majority of the small amount of literature on offenders with intellectual disabilities focuses on specialised responses to the individual's level of functioning, intellectual and emotional capacities, and offending behaviour (for example, Lindsay et al, (2010b)). The move toward greater specificity in service delivery is one that resonates with a managerialist discourse, because it can

produce easily measurable outcomes of interventions (Blom, 2004). Specialist responses to offenders with intellectual disabilities include actuarial prediction of offending behaviours (Lindsay & Beail, 2004) and treatment and management of specific offending behaviours, such as sex offending (Broxholme & Lindsay, 2003), aggression (Taylor et al, 2004a), and fire-setting (Taylor et al, 2004b). These specialist programs in the Australian setting are under-resourced and confined to particular jurisdictions, are often of short duration and reflect the parameters of service delivery in particular agencies. The definitions for success in such interventions often relate to short-term goals of reducing recidivism (Smyth et al, 2006). Specialist programs for offenders with intellectual disabilities are also reliant on accurate clinical assessment of the person's disability. Through the administration of IQ tests, interventions can become focussed on particular sub-groups of the community and thereby are seen as economically efficient to policymakers (Blom, 2004). Difficulties arise when specialist responses are seen as the only solution to improving the lives of offenders with an intellectual disability. Many people, for various reasons, will only utilise generic services, and continue to navigate these agencies without any coordinated or effective care plan (Lindsay et al, 2010a). This paper advocates for a holistic, long-term developmental approach that spans across both generalist and specialist services. .

The findings from the following study on the life stories of ex-prisoners with intellectual disability in mainstream Queensland correctional facilities largely illustrate the failure of this system to succeed on almost any measure. There are also indications that other service systems did not provide adequate support to participants

outside prison. This paper offers some service and policy recommendations that aim to assist offenders with an intellectual disability over a long-term basis.

Method

This study **draws on an unpublished** PhD thesis at the University of Queensland (Ellem, 2010). Life stories were gathered from in-depth interviews with ten ex-prisoners who had been identified as having an intellectual disability by the services they had used (Ellem et al, 2008). The sample consisted of seven males and three females who, at the time of the interviews, ranged in age from 26 to 68 years.

The life story interviews took place over a period of approximately twelve months **with each participant interviewed on average four times. The processes used in setting up and conducting these interviews are outlined in detail in Ellem & Wilson (2010). The interview approach was trialled with one additional participant who gave valuable feedback on the approach taken and the issues discussed. The content of each interview was discussed with individual participants and copies of participants' stories were read aloud to each individual for member checking.** The stories were derived primarily from participants' recollections of their lives before, during and after prison. Supplementary data was also gathered from semi-structured interviews with six practitioners from disability, mental health and ex-prisoner services, who provided general information about the Queensland context. The stories were analysed using a narrative approach and were then analysed thematically using NVivo 8 qualitative software.

The next section discusses some of the findings of this study, identifying important issues to be considered in service responses to offenders with intellectual disabilities.

Findings

The label "intellectual disability" – whose needs does it serve?

"Intellectual disability" is the term most frequently used in the contemporary Australian context for people with learning difficulties. It is often described according to the American Association on Intellectual and Developmental Disabilities (AAIDD) (2010) definition, as a disability "character**ise**d by significant limitations both in intellectual functioning and adaptive behaviour as expressed in conceptual, social, and practical skills" (para. 2). The disability is said to originate before the age of eighteen. When the term is applied to offenders with intellectual disabilities it often refers to people with 'borderline' (intelligence quotient (IQ) range of 70-80) or 'mild' (IQ 50-69) intellectual impairment (World Health Organisation, 2007).

In this study, most participants had a way of defining themselves that did not marry with professional discourse on the concept of intellectual disability. Take for example, Angela, a woman who had experienced many episodes of imprisonment in her life and described herself as having a "behavioural disability". When discussing the label of "mentally retarded" she had been given by child protection officers she commented:

Cause I'm not stupid – far from it. I'm more intelligent than what people give me credit for.

The notion of intellectual disability was not a highly regarded identity for many of the participants, yet people often needed to be defined in this manner in order to receive relevant support in court hearings and much needed protection within prison. This presents a dilemma for service providers to this group, who need to acknowledge the

particular needs arising from a person's impairment, at the same time ensuring that service responses are not stigmatising to the person's sense of self.

Service Experiences Outside Prison

Table 1

Service 'Itineraries' of Participants

	Disability Support Service*	**Child protection services#**	**Juvenile Detention**	**Hostels/ Boarding Houses**	**Psychiatric services+**	**Public Housing**	**Public Trust**	**Centrelink**	**TAFE**	**Drug and Alcohol Services**
Anakin	☑	☑		☑	☑	☑	☑	☑	☑	
Angela		☑		☑	☑			☑		☑
Damon		☑	☑		☑			☑		
Kylie	☑	☑		☑	☑	☑	☑	☑		
Leanne	☑	☑	☑	☑	☑		☑	☑		
Mario	☑	☑		☑	☑		☑	☑		
Matthew		☑	☑	☑	☑			☑		
Michael	☑			☑	☑		☑	☑		
Peter				☑	☑			☑		
Wayne					☑			☑		

**Disability Support Services include Australian Disability Enterprises, community access and accommodation services, and secure accommodation*
#Child Protection Services include placement in foster care and children's homes
+Psychiatric Services includes forensic mental health services, hospital and community based services, individual counselliing

Table 1 **outlines the number of services in participants' lives. This is not an exhaustive list and the accuracy of the information is dependent on each participant's recollection at the time of being interviewed. Participants accessed many service systems, often not of their own choosing. No one had been referred to a specialist program for offenders with an intellectual disability as such a service did not exist in Queensland at the time of the study. Half of the sample**

had experiences as clients with specialist disability services, but this often involved moving from one agency to another on a frequent basis. Every participant had sought assistance from psychiatric services. The constant entering and exiting of different services in part reflects the transient and sometimes chaotic nature of people's lives. It also could be regarded as a failure of service systems to provide a sense of stability and purpose to people's experiences.

Many areas of people's lives were governed by others in authority in terms of treatment in psychiatric facilities, incarceration in juvenile detention or police watch-houses, or supervision in terms of managing money by official bodies such as the Public Trust. Unfortunately, involvement of authorities often resulted in a person's disconnection to important relationships in their lives. For example, Kylie discusses her feelings of frustration and helplessness when it was decided she would go into out-of-home care as a child:

Cause they reckoned there was nothing in [home town] for me. So they they put me in Brisbane. So what what works what they want, what suits them.

Many participants had difficulty adjusting to new services and how they operated. People spoke of behavioural issues that often began as children, and later manifested when people became adults. Six of the participants reported problems adapting to school curriculum, and four participants had experiences of suspension and expulsion from the school setting. The behavioural problems were understandable given many of the traumatic childhoods people had experienced involving familial abuse, neglect, and poverty. Effective early intervention was not apparent in participants' stories, and there were examples given of service systems struggling to respond to people in ways they could

understand and that eflected their interests. For example, Anakin gives an example of disagreeing with what disability workers expected of him:

Anakin: ***Dimwit did that. [Pointing to scar on hand].***
KE: ***That's a scar on your hand***
Anakin: ***Yeah from a window***
Worker: ***He didn't hit you with a window did he?***
Anakin: ***They made me hit the window***
Worker: ***[laughing] They made you hit the window. What did he say? "Anakin hit the window"***
Anakin: ***No just treated me…"You don't tell me what I do"…***
KE: ***So he was telling you what to do…***
Anakin: ***Yeah I wanted to go to the market…***

Anakin had a history of exiting many different disability services.

Participants also appeared to have a heightened sense of vulnerability to exploitation from other service users which was not always taken into consideration by service providers. Michael, who lived in a hostel for people with disabilities, spoke of other residents stealing his clothing and pressuring him for cigarettes. Anakin reported being raped by two other residents in a hostel arrangement, and Angela became involved in a domestic violence relationship with a man she met at an employment agency.

There was an absence of supportive long-term relationships in participants' accounts. If participants had someone who understood their histories and their support needs, and who could assist them to negotiate the different service systems, their trajectories into the prison system may have been prevented. Instead, participants tried to address their problems in life on their own, which sometimes resulted in committing offences such as theft, physical and sexual assault, and property damage:

Worker: ***I know it was a toy gun that you went into S* [agency] with… Put the gun up and blow the woman's head off with it. It doesn't look much like a toy gun. It looked pretty real didn't it the gun?***

Anakin: ***Yeah it was real…***
Worker: ***Didn't you try to rip the policeman's gun out of his holster? [SM: Yep]. Was that at the police station? [SM: Yep] Did you get it out? [SM: No] So did they charge you for that as well? [SM: Yep]. Yeah there were a few things. Did you get charged for running over the person with the motor scooter?***

With the complexity of issues facing participants and the lack of appropriate support, it is hardly surprising that they became incarcerated.

Life in Prison

One social worker participant in this study described the **prison** admission procedures **for people with an intellectual disability** as the following:

This is how we do it and if you don't get it, your bad luck. Cause we're ticking the box here out in the free world to say that we do a good induction, assessments and blah blah.

Overall, Queensland prison systems are not designed to meet the specific needs of prisoners with intellectual disabilities. Participant experiences often involved heightened responses of anxiety and insecurity, forced association with other prisoners who would at times victim**ise** the person, frequent strip-searching, access to illegal drugs, and enforced isolation. Mario demonstrated how a person with intellectual disability **can be easily influenced by others and therefore** may be vulnerable to exploitation inside. **He had very few personal standards for trusting another prisoner :**

KE: …you had some friends inside?
Mario: Some of them. Some good ones I trust
KE: …How do you know which ones to trust?
Mario: They talk to you nicely you can trust them. They talk to you like dirt
Worker: But what if they just talk to you nicely to gain your trust
Mario: I can still, if they're looking in your in your eyes,
KE: You can work it out
Mario: You can work them out
KE: If they're not looking in your eyes?
Mario: Yeah
Worker: Seriously, if I was in prison, there's nobody in there I'd trust. Because they're all there for the same reason or worse [KE: Mm mm]
Mario: See sometime they're child molesters and all that. I don't trust no one in there..

On the other hand, prison was also a place people wanted to return to, when life in the community was too hard. One participant named Matthew described the prison experience as a "holiday camp" where you could get as many drugs as you liked.

The rehabilitative component of prison life was generally not accessible to participants in this study. This was partly due to the short timeframes of some of their sentences, but also due to a dearth of programs adapted to **suit** their particular needs. There is also evidence from people's stories to indicate that some of the security measures **used** by custodial staff may have been counter-therapeutic for some people (Donnellan, 1988). For example, Damon was confined to a very small room (the size of a cupboard) in a **prison** hospital ward for two weeks with little or no meaningful activity during the day. He had been placed there because there were no other secure cells at the time to keep him safe from exploitation by other prisoners. While prison systems often act as repositories for many people with complex social problems, experiences such as Damon's and other participants in this study highlight how much more problematic prisons are for people with intellectual disability when they are not specifically designed for their basic needs.

Post Release

Many of the participants in this study had little opportunity to develop meaningful skills related to employment or rehabilitation in prison. Even if people engaged in **prison** employment or rehabilitative programs, this did not appear to assist participants post-release. The stigma associated with having been in prison had a substantial negative influence on people's capacity to find both work and housing in the outside community. Some participants also acquired learned behaviours in prison which were not helpful for community reintegration, such as disrespect for authority or over-dependency on others in

daily living skills. Six of the participants had re-offended once or more after being released, with the remainder often coming into contact with police for certain behaviours.

Six of the participants in this study had been transferred to secure mental health facilities during or after their period/s of imprisonment. Participants' accounts of transfers to such facilities indicated that was often little or no orientation to the change and the transition was often highly stressful. As Kylie explains:

And the first thing after court… I had nothing when I came here… No handbag! No money! No nothing! I had no clothes. Nothing! … And when I came here they took everything off me any way.

The adjustment to a secure mental health facility also involved understanding new processes of doing things, such as different approaches to medication, different supervisory practices and levels of staffing, and different criteria for release into the community.

Whether confined in prison or a secure mental health facility, containment on its own did not adequately address participants' offending behaviour or make a positive difference to their already impoverished lives. The systems often failed to adapt to the needs people had arising from their impairment and the difficulties they experienced in community living remained, often exacerbated by their experiences of institutionalisation.

Participants' stories in this study illustrate how offenders with intellectual disabilities are caught in a spiral of marginalisation in all aspects of their lives. Very few services took into account the needs arising from people's impairment nor how people identified themselves beyond the labels they had been given of 'person with an intellectual disability', 'offender', or 'patient'. **Participants did not have anyone over the long-term to advocate on their behalf, assist them in accessing appropriate supports or help them to learn more pro-social behaviour. S**ociety failed to meet **these** people's fundamental human rights, such as having a safe, humane and secure home environment, having adequate education and employment opportunities, receiving appropriate legal representation, protection and rehabilitation for offences committed, and

providing suitable supports post release. The remainder of this paper will present a conceptual framework for direct practice and policy formulation for supporting offenders with intellectual disabilities and thereby promoting a safer, more just and caring society for all.

Implications for Practice and Policy

The implications of the findings of this study reach well beyond the realms of one government agency or one particular service sector. The difficulties participants faced in almost every aspect of their daily existence **can be seen as** examples of the post-welfare state, where the political nature of social problems are converted into the problems of individuals **– 'the individualisation of the social' (Jamrozik 2009:312). The challenges participants faced were** removed from the social environment in which they live and their behaviour and responses **were** regarded as pathological. This narrow approach has led to piecemeal responses to the issues at hand, including inflexible responses by multiple service agencies and government departments and unchallenged expectations that people with intellectual disabilities will slot into these existing arrangements.

Generalist Services

The participants in this study were **similar to** those offenders with intellectual disabilities reported in the literature in that their service trajectories were multifaceted, with people entering, exiting and often returning to the same service systems (Dowse et al, 2009).Many of the service systems that **participants** access**ed** operate**d** from different philosophies and values of service provision. For example, disability service and mental health provision have focussed on deinstitutionalisation, community living, and valued social roles for people with disabilities and people with mental

illness since the late 60s and early 70s (Wolfensberger, 1992) . In contrast, the corrective services model is historically based on a philosophy of punishment**, with various sub-goals of retribution, deterrence, incapacitation, and rehabilitation (Coyle, 2005).** Co-ordination and collaboration between these systems therefore would involve overcoming the ideological tensions between 'care and control' in service provision (Williams, 2009). **There are likely to be many challenges in cross-organisational or multi-agency collaboration that may not be addressed by current policy and practice initiatives (Okamoto, 2001).**

Specialist Services for Participants in this Study

'Specialist responses' in this paper refers to those interventions that are directed to treatment and management of specific offending behaviours of people with intellectual disability. The majority of participants in this study did not receive any type of **specialist intervention,** reflecting the paucity of such services in the Queensland context. **S**pecialist programs are likely to be more effective if they are conducted over an extended period **and take into account the person's cognitive capacity and ways of learning.** A study conducted by Lindsay and Smith (1998) found that a two year treatment program of sex offenders with intellectual disabilities was more effective than a one year program, because this allowed more time to challenge and change attitudes toward sex offending. Programs are also likely to be more effective if they are located outside maximum security prison settings wherever possible, as it has been found that offenders with intellectual disabilities may have difficulty generalising skills (particularly social skills) learn**ed** within institutional settings (McDermott, 2010).

However specialist services alone **are unlikely** to cover the complexity of issues that offenders with intellectual disabilities face. **P**articipants in this study had a vast array of difficulties that were likely to have influenced their offending history, including physical, emotional and sexual abuse, drug dependency, mental health issues and poverty. By compartmentali**s**ing such complexity into specific programs such as anger management or addiction counselling, it is likely that offenders' problems become **overly** simplified (Blom, 2004). Offending behaviour and external material conditions can be treated as discrete categories in specialist services, as the latter may not fit within the particular agency's purview (Smyth et al., 2006). **For example, Angela attended an anger management program while she was on parole, but she was the only woman in the group of parolees, and the intervention did not take into account other important issues in her life, such as her struggle with anorexia bulimia or her living situation**. The focus on certain kinds of change, namely reduced recidivism, also overlooks other achievements an individual may make in overcoming significant challenges in other areas of his or her life (Meagher & Healy, 2003).

Specialist programs can also fail to take into account how offenders with intellectual disabilities perceive the 'intellectual disability' label. As noted previously, this label often had very negative connotations for the participants in this study. Many did not want to be treated differently on the basis of their impairment. This was especially true in prison settings, where participants felt stigmat**ise**d by other prisoners because of different treatment. If these participants had been given access to specialist programs for people with intellectual disability, program attendance and compliance may have been difficult to achieve. At one level, this indicates that care must be taken in the naming and location of particular services for this group, but it also

signifies that access to special**ise**d services is far more complex than existing referral and assessment processes.

Coordinating Generalist and Specialist Services: A Developmental Long-Term Approach

Leadership is needed to coordinate generalist and specialist services for offenders with intellectual disabilities. This leadership may best be located within the disability service sector because of its knowledge of intellectual disability and the needs that may arise for a person with impaired capacity. A developmental long-term approach is needed that goes beyond merely case management for a person, or purely meeting the requirements of an individual justice plan. Rather, a worker would need to be able to attend to the contextual realities and needs of the person, and locate that work, wherever possible, within that person's local community and networks (Smyth et al., 2006). This work would also be long-term in focus, as opposed to the short-term intensive focus of specialist programs.

Two key values of this type of practice are outlined below. These values have been derived from several sources, including the research around ideals of restorative justice (for example, Zehr (1990)); and findings from the author's current research of the practice wisdom and experience of the Community Living Association (CLA), a small community organisation that provides support to people with mild to borderline intellectual impairment:

a. The Importance of Relationships

Supportive and fulfilling relationships are essential to anyone's well-being. They provide the opportunity for friendship, intimacy and fulfilment of needs and goals. Relationships are also crucial to fully understanding and preventing crimes being committed in our society. As Zehr (1990: 181-182) attests:

Crime is a violation of people and relationships…. Crime affects our relationships with those around us. Crime also represents a ruptured relationship between the victim and the offender…. Crime is not first an offense against society, much less against the state. Crime is first an offense against people, and it is here that we should start.

When interpersonal needs are met in a respectful way, this is likely to improve a person's psychological health as well as act as a preventative to aggressive or other anti-social behaviour (Carcedo et al, 2008). Meaningful relationships can affirm the humanness of a person beyond disability and offender labels and help him or her to develop constructive solutions to problems (Smyth et al., 2006). Relationships provide the grounding for a person to take responsibility for his or her future actions and reconstruct his or her life story, thereby increasing the person's chances to desist from future criminal activity (Trotter, 2006). Supportive relationships will invest time and energy into the person, and hold the person accountable for not reoffending, thereby providing effective community risk management for society at large (Hannem & Petrunik, 2007) .

The experience of relationships for participants in this study often did not meet the above criteria. Significant healing was needed for these people because of previous experiences of the abuse and neglect inflicted on them or that they had inflicted on others. The focus therefore for the developmental worker to affect change is not to work with an individual in isolation, but with the individual and his or her relationships. CLA (2009) suggests that this approach seeks to support, affirm, re-affirm and re-establish existing relationships. It is a resource intensive, developmental approach, which involves getting to know the person and his or her existing networks, developing a vision of what would be helpful relationships in the

person's life and deciding the most important place to begin building this relationship vision. The practice of linking people to others can include community mapping, recruiting volunteers, and developing collectives of people to pursue common agendas.

Building relationships requires conscious and deliberate work that recogn**ise**s the diversity of relationships in any person's life. Relationship work with offenders with intellectual disability also involves supporting appropriate and healthy boundaries with others, to prevent the person from being exploited or exploiting others. For people with intellectual disability who live largely transient lives, like the participants in this study, relationship building can also involve significant outreach support by the worker, who would then seek to establish so-called "pockets" of community for the person with intellectual disability. This involves the recruitment and ongoing support of volunteers, friends and neighbours in various localities who are willing to welcome the person when they are staying in the area. In all situations, the worker continually assesses his or her level of involvement in supporting the various relationships in a person's life, and is duly supported by an organisational environment that promotes ongoing reflective practice in this regard.

b. Setting Clear Expectations

An essential element of developmental work with an offender with intellectual disability is to ensure he or she is held accountable for acts and behaviours that bring harm to others. A key challenge is to help the person understand the profanity of certain behaviours without undermining the person's core humanity (Braithwaite & Mugford, 1994). It cannot be assumed that the person will always make a rational connection between behaviours and their consequences, and therefore simplified

approaches that provide day-to-day support and reinforcement of acquired skills are beneficial (Lambrick & Glaser, 2004). The expert**ise** of special**ise**d responses, such as those provided by forensic disability services can complement the practice of developmental workers, who would then provide the day-to-day support of these interventions. The developmental worker, who knows the person well, then becomes the conduit for the person to access habilitative and rehabilitative support and the bridge to any access or communication difficulties that may ar**ise** between the person and the specialist service. If sufficient energy has been spent in developing supportive relationship networks in the person's life, these relationships may also present opportunities to hold the person with intellectual disability accountable for his or her actions. Circles of support and accountability have been successfully util**ise**d with sex offenders without intellectual disability internationally (for example, Walker (2009)) both prior to prisoner re-entry and after release into the community. The disability sector has long embraced the notion of person-centred practice and circles of support, and therefore there may be many existing processes that can be adapted to the concept of circles of accountability.

To implement such an approach a commitment needs to be made to resource small community organisations experienced in developmental work to cater to individuals with intellectual disability who have an offending history. This does not necessarily mean clustering offenders with intellectual disability into one particular service agency, but it does call for flexible responses in funding approaches and guidelines, recognition of the need and benefit of workers having smaller caseloads, and the training of staff in the various service sectors to engage in relational and restorative work with offenders. Too often in the Queensland context, offenders with

intellectual disabilities are excluded from disability services, because either their level of impairment is not regarded severe enough, or there are concerns about the possible negative impact the person may have on other service users.

Participants' stories in this study also clearly indicated a need for greater collaboration between disability agencies, mental health services and corrective service personnel in Queensland. Literature from Australia and internationally has reported on the complexity and challenges of multi-agency collaboration in service delivery (Hughes & Wearing, 2007). Difficulties can occur when particular agencies fail to take responsibility for issues; information is withheld; and collaboration is terminated prematurely (Okamoto, 2001). A developmental worker who has a good understanding of the individual who traverses such systems, can assist departmental collaboration for the individual. Developmental work can also assist at a broader level, by advocating for mechanisms such as Memoranda of Understanding and Interdepartmental Committees; the sharing of skills base and expert**ise;** and the training of professional staff within the government and non-government sector about the needs of this particular group.

Conclusion

This paper offers suggested changes to improve practice and policies concerning offenders with intellectual disability within the Queensland and Australian context. Since the completion of the study there have been some positive initiatives for offenders with intellectual disability, including the establishment of a Forensic Disability Service in Brisbane (http://www.communities.qld.gov.au/disability/key-projects/positive-futures/forensic-disability-service); a Queensland Corrective Services pilot program

Bridging the Gap to support prisoners with cognitive disabilities leaving custodial corrections in Queensland, and a dedicated accommodation unit at Woodford Correctional Centre for prisoners with intellectual disability. However, these initiatives only provide intervention to a small number of offenders with intellectual disability, are time-limited and/or confined to those people housed in secure settings. By honouring the person in his or her environment through long-term developmental practice, existing special**ise**d services are likely to be more effective in addressing criminogenic needs or dynamic risks of offenders. By reviewing and supplementing existing multi-agency collaboration, offenders with intellectual disability have a better chance of fully participating in a safe and productive way in the life of their communities. This can truly lead the way to the development of more inclusive, welcoming and secure communities.

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